

Please print:

## Conflict of Interest ELECTED OFFICIAL Statement of Financial Interest

S.D. SEC. OF STATE

Last updated 12/20/2017

Deadline to file: Not more than 15 days after the person assumes office.

File with: The SECRETARY OF STATE (State Capitol, 2<sup>nd</sup> floor).

<u>Elected Officials who file:</u> State Office elected officials (governor, lieutenant governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands, state legislator, circuit court judge and supreme court justice <u>SDCL 3-1A-2</u>);

Gubernatorial Appointee for whom senate confirmation is required shall file with the secretary of state a statement of financial interest before confirmation <u>SDCL 3-1A-3</u>.

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Local Office officials (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1<sup>st</sup> class municipality <u>SDCL 3-1A-4</u>)

Full Name	HN (	1/11K	_				
Complete Address / 03	3 3 10	AVE	B16 Si	ONE C	(74	50	57216
Office (list District number if applicable) SENATE DISTRICT 4							
What is your occupation/profe	ession?	Luts 1	MANAGERZ		THR	SHOP	INC
**If there are no changes from your previously filed CANDIDATE Financial Interest Statement check the box and							
sign and date below. NO Changes							
List any source of funds (business or economic relationship) which contributes more than 10% of or more than \$2,000 to your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) controls more than 10% of the capital or stock. Identify who receives the income from each enterprise but do not include the value. (SDCL 3-1A-1)							
*The intent of this form is to collect specific information, not generalities.  Name the Source of Funds  Relationship to funds							
Name of Candidate or Family Member	(Ex: current employer, SD Legislature, 401K, (Ex: em				mployee, officer, director, associate, partner, reholder, owner, member, proprietor, etc.)		
	Filed this						
	ganuary 2019						
		10	Stene I	Farne	4		
		2	SECRETARY	OF STATE	-		
I declare and affirm under the my knowledge and belief is a tinterests for the preceding cale	rue, correct and	ury that the	information above epresentation of m	e has been syself and r	examined ny immed	by me and iate family	to the best of 's financial
1000000000000000000000000000000000000							
SOUTH DAKOTA SECRETARY OF STATE • ATTENTION ELECTIONS • 500 E. Capitol Ave. • Pierre, SD 57501							

www.SDSOS.gov • phone 605 773 3537 • fax 605 773 6580 • ELECTIONS@STATE.SD.US